

SMD

SLATE

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Slate Mailer Late Payment Report

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

☐ Amendment No. _____

Report No. _____

NOV 03 2008

DEBRA BOWEN
Secretary of State

CALIFORNIA
FORM 498

For Official Use Only

K

NAME OF SLATE MAILER ORGANIZATION

STREET ADDRESS

CLEAN SLATE 2008

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

I.D. NUMBER

415-695-0828

cleanslate2008@gmail.co

1307304

CITY

STATE

ZIP CODE

SAN FRANCISCO

CA

94110

Late Payment(s) Received From:

NAME

I.D. NUMBER (if applicable)

COMMITTEE TO RE-ELECT MIRKARIMI '08

1304606

ADDRESS

CITY

STATE

ZIP CODE

SAN FRANCISCO, CA 94117

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

AMOUNT

10 / 23 / 08

\$ 3,000

NAME OF CANDIDATE OR BALLOT MEASURE:

ROSS MIRKARIMI

☒ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION
SAN FRANCISCO BOARD OF SUPERVISOR D5

AMOUNT ATTRIBUTED

\$ 3,000

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

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AMOUNT ATTRIBUTED

\$